

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90158 045 ***150.00

DOCUMENT # P97000029345

1. Entity Name
PATCHIN CONSULTING SYSTEMS, INC.

Principal Place of Business

2460 GRASSMERE DR.
MELBOURNE FL 32904

Mailing Address

2460 GRASSMERE DR.
MELBOURNE FL 32904

2. Principal Place of Business

2000 Brunswick Lane

Suite, Apt. #, etc.

3. Mailing Address

5844 Sweetbottom Lane

Suite, Apt. #, etc.

City & State

Deland, Florida

City & State

Clermont, Georgia

Zip

Country
USA

Zip

30527

Country

USA

4. FEI Number

59-3445114

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATCHIN, JAN A
2460 GRASSMERE DR.
MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name

JAN A. PATCHIN

Street Address (P.O. Box Number is Not Acceptable)

2740 COZUMEL DRIVE

APT. #1316 Georgia 30527

City

MELBOURNE

FL

Zip Code
32935

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]
 Signature, typed or printed name of registered agent and title if applicable.

JAN A. PATCHIN, CEO

DATE

1/16/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CEOP.	<input type="checkbox"/> Delete
NAME	PATCHIN, JAN A	
STREET ADDRESS	2460 GRASSMERE DRIVE.	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	V	<input type="checkbox"/> Delete
NAME	PATCHIN, WAYNE E	
STREET ADDRESS	2460 GRASSMERE DR.	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEOP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAN A. PATCHIN	
STREET ADDRESS	5844 Sweetbottom Lane	
CITY-ST-ZIP	Clermont, Georgia 30527	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wayne E. Patchin	
STREET ADDRESS	5844 Sweetbottom Lane	
CITY-ST-ZIP	Clermont, Georgia 30527	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I, hereby, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/02 983-2496

CR2E034 (9/01)